



Inclusive
Eye Health
Annual Report
2022



↑ *Sadam Hussain, a lab technician, prepares a lens at the optical lab established with the support of CBM, at the Sindh Institute of Ophthalmology and Visual Sciences (SIOVS) in Pakistan.*

Cover image: Dr Zeenat Bano, Optometrist at CBM partner DHQ Matiari Hospital, Sindh, Pakistan, examines Babra's eyes. Babra was referred to the hospital after being screened using Peek Vision. © CBM

Foreword



Our latest annual report reflects the diversity and innovation of our current 119 projects in 32 countries, and the progress we have made over the last year in making eye care more inclusive, accessible and comprehensive.

We have strengthened many of our projects by using new technologies such as the Peek Platform, which provides a screening and data collection system to bring eye care closer to communities, and identify and refer those that need care in more specialised centres. You can read about two individual cases in Pakistan and Tanzania where this screening has been life changing.

We also collaborate with the University of Illinois in Chicago on a tele-mentoring project to provide a virtual platform for knowledge exchange to our partners who are working in settings with limited resources. This programme provides an opportunity for ophthalmologists, optometrists and trainees from our partner organisations to interact with, and learn from, global experts and pass this knowledge on in the communities in which they serve.

The IEH Initiative is exploring the potential of tele-ophthalmology as a way of bringing much needed eye care services to those in more remote regions. An example of this is in India, where those in need of eye care are connected via video on mobile phones for consultations with ophthalmologists.

We have pushed ahead with the training of eye care staff to begin to redress the balance in whole areas of the world in which there is currently insufficient eye care cover and where people are going blind needlessly, simply because there are no doctors qualified to treat them. Our Scholarship Scheme in Africa East and South (AFES) is on track to train 20 more much needed ophthalmologists and we aim to include other cadres in 2023.

We have also started to deliver large scale programmes – The Vision Impact Project (VIP) which was launched in Kenya this year, offers comprehensive eye care in seven counties. This demonstrates our focus on district-based programmes which will have a long-term impact on the reduction of visual impairments in communities.

Alongside our work with other local NGOs and faith-based partners, much of what we do is in partnership with Ministries of Health. We are beginning to fulfil our ambition to ensure that we don't simply start interventions that peter out once a programme has ended but which are sustainable, and country owned and really deliver eye care where it is most needed.

An example of this progress in action is the aforementioned VIP in Kenya, another is in Pakistan. Here, the results of the Third National Survey of Blindness show that the collaboration between CBM, other NGOs, the National Committee for Eye Health, the Ministry of National Health Service Regulation and provincial eye departments has resulted in a reduction in the prevalence of blindness in those of fifty years and over, from 7% in 2004, to 2% in 2022.

The Inclusive Eye Care Initiative at CBM is determined to continue to work in collaboration with others to ensure that people receive the eye care they need for visual impairments so that they will be better able to get an education and work to support their families. We all deserve no less.

I would like to thank all of our supporters and collaborators who share our vision.

Dr M. Babar Qureshi
Director of the Inclusive Eye Health Initiative

Inclusive Eye Health Projects in 2021

AFWC

Country	No. partners	No. projects
5 Sierra Leone	2	1
6 Cote d'Ivoire	1	1
7 Togo	1	1
8 Benin	1	1
9 Niger	1	1
10 Nigeria	7	8
11 Cameroon	7	5
12 DRC	4	4
All countries	24	22

Americas

Country	No. partners	No. projects
1 Guatemala	2	2
2 Cuba	1	1
3 Haiti	1	1
4 Paraguay	3	1
All countries	7	5

Total

No. partners	150
No. projects	119
No. countries	32

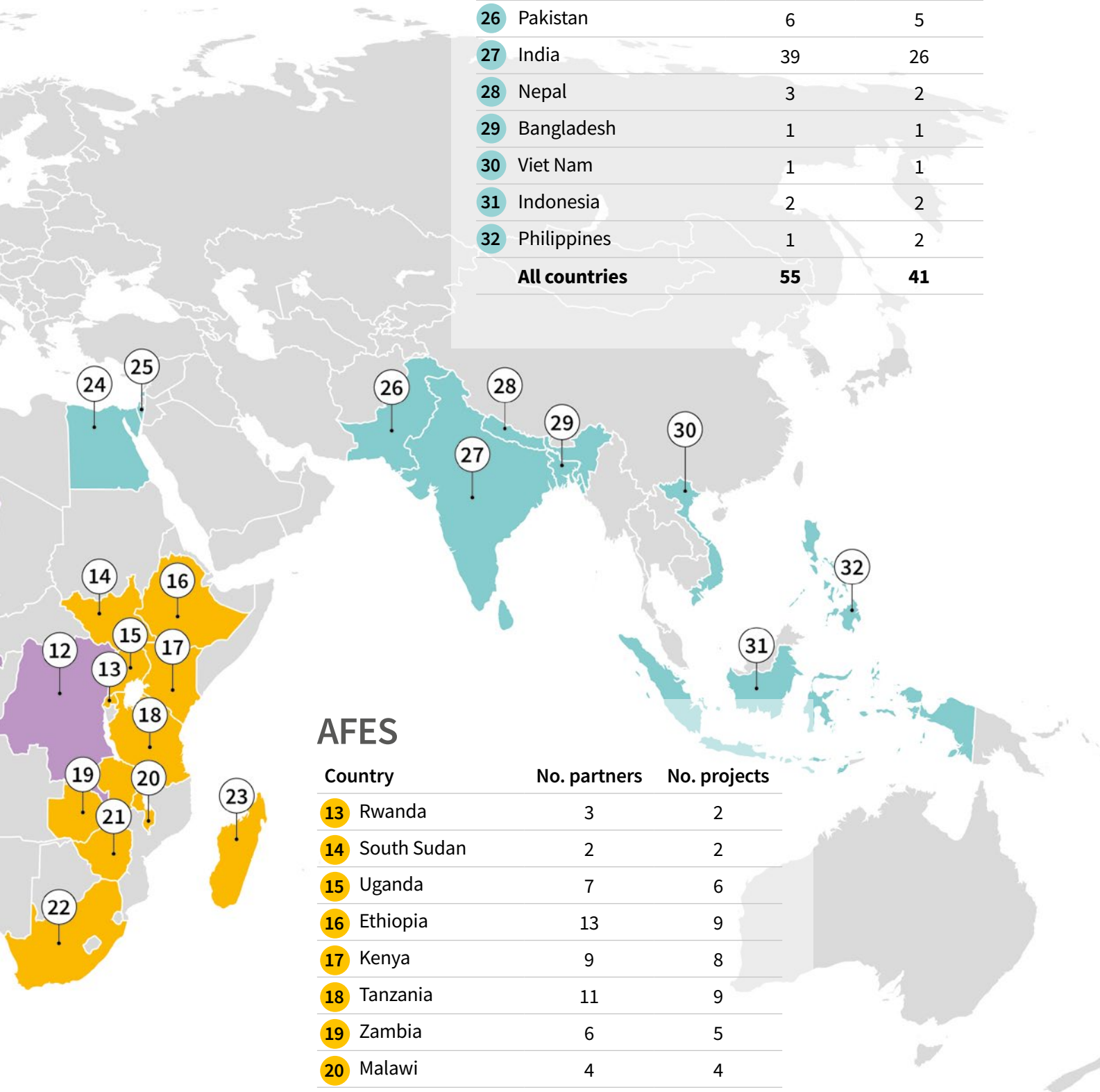
AFWC = Africa West and Central

AFES = Africa East and South

EMR = Eastern Mediterranean Region

Asia & EMR

Country	No. partners	No. projects
24 Egypt	1	1
25 Palestinian Territories	1	1
26 Pakistan	6	5
27 India	39	26
28 Nepal	3	2
29 Bangladesh	1	1
30 Viet Nam	1	1
31 Indonesia	2	2
32 Philippines	1	2
All countries	55	41



AFES

Country	No. partners	No. projects
13 Rwanda	3	2
14 South Sudan	2	2
15 Uganda	7	6
16 Ethiopia	13	9
17 Kenya	9	8
18 Tanzania	11	9
19 Zambia	6	5
20 Malawi	4	4
21 Zimbabwe	7	3
22 South Africa	1	2
23 Madagascar	1	1
All countries	64	51



Inclusion as a core value in India

India, home to over 1.4 billion people in 2022, is projected to surpass China as the world's most populous country by 2023, according to a recent report from the United Nations' Department of Economic and Social Affairs. India has an estimated 4.8 million blind people¹ and an additional 34 million are visually impaired².

Cataract and uncorrected refractive errors are the most common causes of visual impairment, which means that for the majority of people living with blindness and visual impairment in India, access to the right services means that they can have their vision restored. Having provided eye care services in India since 1967, and working through many well-established excellent partners across the country, CBM is well positioned to make a significant impact to meet the challenge of addressing avoidable visual impairments facing such a huge population.

CBM works throughout India through our inclusive eye care partners, to provide eye care services that are inclusive, comprehensive and integrated into the existing health system, in order to meet the needs of the poorest and most vulnerable people. In 2021 CBM in India ran 43 projects with 29 partners, serving nearly 1.5 million people through our partners' provision of cataract and glaucoma operations, diabetic retinopathy laser treatments and other surgeries, as well as through the provision of spectacles and low vision devices.

CBM in India is committed to serving the poorest and those most in need and therefore aims to support remote rural areas through the embedding of eye health services into the existing health systems.

CBM in India is committed to serving those in most need and aims to support remote rural areas through the embedding of eye health services into the existing health systems. It also supports NGO hospitals where patients who cannot afford services are supported to access surgery or where the costs are significantly subsidised. Most of CBM's projects in India have selection criteria to help identify the people in need of services and stringent quality assessment criteria ensures that services are provided appropriately. Referral pathways into services are promoted and end-users are facilitated to access entitlements and schemes from the government.

CBM also works strategically to gather up-to-date detailed data on the prevalence and causes of avoidable blindness at a local level in India through providing resources for detailed population-based surveys such as Rapid Assessment of Avoidable



↑ Abhishek having eye drops at CBM partner the Sewa Sadan Vision Centre, India, where his bilateral cataracts were diagnosed.

1. Blind people refers to people presenting visual acuity less than 3/60 in the better eye

2. Visually impaired people refers to people presenting visual acuity less than 6/18 in the better eye

Blindness surveys (RAABs) to be carried out. This helps to gauge the current access to eye healthcare facilities in localised areas and by different demographics in India and therefore identify priorities for action to ensure that no-one's eye care needs are neglected. CBM continues to train our partners to collect patient data, disaggregated by disability and other demographics, with the globally recognised Washington Group Short Set on Functioning questions, which use the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a conceptual framework. This enables the collection of valuable information about access to services by persons with disabilities at a local level. The results can immediately show changes necessary within individual health care centres, but also as a global advocacy tool can be used for comparison with other countries.

CBM endeavours to work with India's Ministry of Health and with our partners, to ensure that inclusion as a core value and practice is integrated into India's national eye care plan through setting up an Inclusion in Eye Care taskforce with membership from key stakeholders in eye care throughout the country. This includes representatives from India's



↑ Abhishek with his mother and father after surgery.

In 2021:

3.1 million people received eye screening with CBM support

apex centre of excellence eye care hospital, the Dr. Rajendra Prasad (RP) Centre for Ophthalmic Sciences, long-supported by CBM's provision of equipment and capacity building, and a world-leader in eye care services. CBM's investment in hospitals such as this and others has a hugely positive knock-on effect throughout the country as staff from these centres are then equipped to share their expertise and train other centres to build capacity throughout India. One example of CBM's significant work at Dr RP Centre is the establishment of clinical low vision and rehabilitation services and the advocacy by the RP Centre for scale up of such services across India.

CBM's investment in hospitals such as this and others has a hugely positive knock-on effect throughout the country.

CBM also supports innovative initiatives in eye health in India in order to improve accessibility to services for the poorest and for those living in remote areas. Tele-ophthalmology networks have been set up to remotely connect patients at a primary eye care level with medical personnel at secondary and tertiary health centres. Primary health care staff organise door-to-door campaigns to visit people in their homes, identify those in need of eye care and then connect them via video on mobile phones for tele-consultations with ophthalmologists. Another example of an innovative initiative by CBM India is the Diabetic Retinopathy Screening Program which uses technology-enabled mobile vans to provide specialist services in remote locations and amongst the unreached.



A winning combination

The partnership between CBM and Peek Vision is going from strength to strength. CBM's support and technical expertise, combined with Peek's software, programme design and data intelligence platform is enabling community and school eye health programmes to become more efficient, inclusive and effective.

Users of Peek technology do not need to be eye health specialists. They are simply trained in the technology and are then able to screen people who live in more remote communities, at their door steps or in nearby community health centres. Those that need treatment are identified and referred for specialist eye care, ensuring that no one is left behind.

By end of December 2021, CBM programmes powered by Peek have reached over 506,000 people and connected over 108,100 patients to the care they need. CBM-Peek programmes are currently in operation across Ethiopia, Pakistan, Tanzania, Uganda and Zimbabwe and are beginning to be rolled out in Kenya in seven counties in partnership with the Ministry of Health and other partners.

The impact on two lives

Muhabat

Starting with just three sites in Chakwal, CBM's programmes in Pakistan have grown to a network of 111 health facilities and 1567 primary and secondary schools, covering a region of 2.5 million people. At the end of 2021, programmes across Pakistan were screening around 28,000 people per month.

When the science teachers who had been trained in using Peek technology first started to try and screen their pupils as part of the Inclusive Eye Project in the Matiari district, they all ran away. They were afraid since they had never had their eyes tested before. But after some awareness raising sessions on the importance of looking after your eyes, which were supported the CBM Country Office Team, the pupils slowly began to gain confidence in the process.

As part of this School Eye Health Initiative by CBM partner SIOVS, a nine year-old student called Muhabat was referred by the Peek screening process to SIOVS in Hyderabad for

further assessment. With his parents unable even to afford the cost of getting Muhabat to the hospital, 70 kms away from where the family live, the SIOVs project team arranged his transport. He had successful surgery for bilateral cataracts and is now back at school where he is performing well and enjoying life. He has become an eye health champion at his school and nearby schools and is spreading the word that having your eyes checked is nothing to fear.



↑ Muhabat at school.

Teodosia

The Peek-powered CBM-Kilimanjaro Christian Medical Centre (KCMC) Community Eye Health programme, in partnership with the Government of Tanzania, is aiming to bring eye health permanently closer to communities. The project has trained 60 government-funded primary health workers to use Peek for screening and referral.

Teodosia was born and raised in Kisangara in the foothills of Pare Mountain, 60 kilometres from KCMC, the main ophthalmic hospital in the region. Health facilities here are limited. Both Teodosia, her husband Jonny and her daughter Jessca are farmers in the region, the rest of her children have moved away from the area or have died.

Teodosia was blind by cataracts in both eyes for 3 years, but recently had her sight restored thanks to the Peek-powered CBM-KCMC eye health programme in Tanzania. Her husband was not so lucky. His glaucoma, whilst treatable if it had been caught early, has caused irreversible blindness.

“Before my surgery I could do nothing, I could not move around freely, my 2-year old granddaughter, Daniele, had to lead me everywhere – to the house, to the washroom, everywhere. It was very difficult, and as my husband is also blind, the burden fell to my daughter, Jessca, to take care of the house, our farm and everything in between, whilst also looking after us both. I became extremely weak and very depressed – not being able to move freely has been awful for both my physical and mental health.

A neighbour learned about the Peek-powered CBM-KCMC vision screening happening in a nearby health facility and suggested that she would drive both me and my husband to be



↑ Teodosia.

checked. It was incredible to learn that my vision could be saved! After years of living in darkness with no independence, there was a solution.

From my cataract being discovered to being treated took less than two weeks. When I had my bandage removed for the first time I cannot describe the joy I felt! I didn't believe in all honesty that such a result could be possible, and I was scared of the treatment. When I arrived back to my village, I was overcome by seeing my beautiful granddaughter for the first time properly in years. She is gorgeous, and very surprised I could see her too!

Regaining my independence is life changing, I am so incredibly thankful to all for my treatment.

Regaining my independence is life changing, I am so incredibly thankful to all for my treatment. I can now help around the house and to look after my husband too. The biggest highlight for me, other than seeing my family again, has been to be able to read my favourite book for the first time in three years. It is a book of prayer I used to read every day, having this back in my life has been a true joy.

Now I am the biggest ambassador for eye health in the community – I am telling all my neighbours to get their eyes checked and to not be afraid of treatment, it has been truly life changing.”

With thanks to Peek for this story.

An Interview with Dr Dilichukwu Aniemeka, National Advisor for Inclusive Eye Health, Nigeria



↑ Dr Dilichukwu Aniemeka.

One of the greatest challenges in delivering effective eye care to people who live in low or middle income countries is that those living in more remote communities find it hard to access the care they need. Collecting the data that will identify and notify those who require further treatment is often a fragmented and difficult process that can result in patients falling through the cracks.

“My main area of responsibility as an Advisor is strategic planning for Inclusive Eye Health programmes in Nigeria. I also seek out collaborations with major stakeholders, such as members of the Ophthalmological Society of Nigeria and other bodies involved in eye care. Another part of my role is to develop proposals and to build staff expertise in our Country Office and at the partner level. My aim is to ensure that all CBM Eye Health programmes are innovative and of high quality.

The part of my role that I like the most is creating new partnerships and consolidating existing ones. Much more is achieved when we are able to work together. So many people need access to eye health services in Nigeria, and CBM can only do so much. Nigeria has a population growth rate of 3% and an ageing demographic. People are living long enough now to develop eye problems and so demand for eye care services is growing. We have to put strategies in place to develop eye care services at all levels of health provision – primary, secondary and tertiary.

The part of my role that I like the most is creating new partnerships and consolidating existing ones.

CBM has supported various facilities in Nigeria, such as at the eye department of the United Methodist church of Nigeria Hospital (UMCN) in Zing, Taraba State. The hospital is in a remote region, an hour and a half from the state capital. CBM founded the eye health department there which began life as one small room, but which is now a fully grown

department that provides surgical services for cataract and glaucoma and some minor surgeries for eye diseases such as Pterygium. They also provide refraction services and have a pharmacy that dispenses eye medication. Ultimately, they will also be able to provide laser treatment for diabetic retinopathy and other retinal diseases.

CBM in Nigeria has invested a lot over the years in the development of human resources and building infrastructure as well as providing necessary equipment. The latest CBM supported project in Nigeria is providing eye care services through the “Poor Patient Fund” which offers eye care for those with lower incomes. Patients are means tested, and those who cannot afford to pay for surgeries receive the intervention free and those on a higher income pay a contribution. Some patients are able to bear the full cost.

If I could wave a magic wand and get what I most need to do my job to the best of my ability it would be to have access to more comprehensive data on existing eye care services and diseases and their geographical distribution so that we can establish exactly where the need is.

There is a lot to do but I think it would be possible for people to have effective services if the government made eye health a priority. People sometimes don’t think of eye health as an important issue because it is not perceived as life threatening, but the socioeconomic impact of blindness or vision impairment can be as devastating as chronic illness.”



Comprehensive, inclusive, integrated eye health programmes

A collaboration between CBM and Sightsavers to implement joint programmes in our target countries began this year with two pilot countries – Zimbabwe and Nigeria. CBM is taking the lead in Zimbabwe and Sightsavers, in Nigeria.

The programmes are to be comprehensive – meaning that they should cover promotion, prevention, treatment of eye conditions as well as rehabilitation and include innovations such as the Peek Platform to screen and refer community members and school children.

The collaboration also focuses on ensuring inclusivity so that people with disabilities and Organisations of Persons with Disabilities (OPDs)

are part of the design and implementation of programmes and that there is access to eye care services for everyone. The staff are also to be trained in inclusive practices.

Programmes are designed to strengthen health systems and to have a community focus. They aim to consider human resources, the need for equipment and the collection of eye health data.


The projects are taking place in North and South Matabeleland in Zimbabwe and in the Plateau State in Nigeria. Steering committees have been formed, planning meetings with key stakeholders have been held and the training of primary eye care staff is underway. The first screenings of patients is about to begin with launch events in both countries.

In 2021:

727 doctors were trained in eye health specialisms with CBM support



↑ Geoffrey gets his new glasses at CBM partner Zimbabwe Council for the Blind.



“I would like to encourage other children out there. Don’t be shy. It’s not a problem to wear spectacles. It’s actually unique.”

Angel

↑ Angel who was supplied with glasses by the Harare Schools Screening Programme in Zimbabwe can now see the blackboard, although, at first, she feared wearing glasses would make her stand out.

Strengthening local providers in Kenya

The Vision Impact Project (VIP), a four-year project designed to reduce avoidable visual impairments and to provide inclusive access to quality public eye health services and rehabilitation services was launched in April.

The 7 counties targeted by the project are inhabited by more than eight million people, out of which 15% are expected to either have eye diseases that require interventions to avoid loss of sight, or who need rehabilitation. Currently these people are without this support and live with the impact of their conditions on their ability to get an education, to work, or even to be an accepted member of their communities. First screening results suggest that more than 15 % of the population is in need of eye care.

75% of vision impairments have preventable causes and an inclusive, equitable eye care system in Kenya will make a real and lasting difference to many people.

The project is aligned with the Kenyan Ministry of Health's National Eye Health Strategic Plan, Kenya's Vision 2030 and the WHO's vision priorities and is focused on eye health system strengthening. It is a public-private partnership model, bringing together non-government eye care facilities that have been long term CBM partners, to cooperate with the government structure in the counties. This involves improvements to the infrastructure – the provision of equipment and medical supplies, the training of eye health professionals and the use of innovative technology from CBM partner Peek Vision, for screening and greater efficiencies in the referral process. The project also focuses on the integration of eye health in government health policies and plans, including county health budgets.

In 2021:

10,000 people with visual impairments were enrolled on educational programmes with CBM support

VIP Kenya ensures the gradual transitioning of eye health service delivery to strengthened local providers to ensure communities are able to seek the help they need nearer to home and only be referred to specialist eye care units if this is necessary. This district-based approach means that not only will local health centres be better equipped to deliver services, but there will be less demand on hospitals and those who cannot afford to do so, will not have to travel great distances.

75% of vision impairments have preventable causes and an inclusive, equitable eye care system in Kenya will make a real and lasting difference to many people who are presently excluded from the opportunities they deserve.



↑ Dr Maria Wanyongi performs cataract surgery on a patient at CBM partner PCEA Kikuyu Hospital, Nairobi, Kenya.



↑ Emmanuel.

Just one example is nine-year-old Emmanuel who had bilateral cataracts. His story is told by his mother Benerdate:

“Emmanuel’s father, who died in an accident when Emmanuel and his twin sister were babies, sensed there was an issue with Emmanuel, but he didn’t know exactly what it was. We slowly started discovering what the problem was when he was in the first grade at school. He couldn’t see the blackboard properly and the teachers often called me into the school.

I took him to a doctor in Sabatia. I was told to pay 650 Kenyan shillings for registration, and I paid. Then they asked me if I was ready for my child to undergo surgery the next day. I asked them how much the operation cost, and they said it was 18,000 Kenyan shillings (143 Euros) for one eye, and 18,000 for the other eye. I don’t have regular work, and just managing to get enough food is a problem. Sometimes we go to sleep hungry. I volunteer as a Community Health Visitor. Our piece of land is full of rocks and so we do not have land to plough. There’s nowhere to plant maize for the children to eat.

I feel pain at his predicament. He is punished at school almost every day because he can’t do the work.

I have to go out every day and look for casual jobs. Sometimes someone will call me to wash clothes or to help them plough or plant. There are not many jobs available.

If he could get treatment and was able to see properly, he could achieve so much.

Emmanuel is unable to do his homework. Sometimes when a pen or a rubber falls on the floor, he can’t see it. His sister will come pick it up for him. I don’t know what to do. He goes to school in the morning but doesn’t return in the afternoon because he doesn’t want to be given homework. When he goes out, he closes his eyes or squints because of the light.

I feel pain at his predicament. He is punished at school almost every day because he can’t do the work. This forces him to wear two, three or four pairs of shorts so that it doesn’t hurt so much when he is caned. I fear he will not be able to achieve his goals because of his eye problem. If you look at his maths work, he gets average marks and yet he can’t see properly. This means, if he could see, he would be doing really well. If he could get treatment and was able to see properly, he could achieve so much. Not having an education is a real disadvantage in this life.

He loves playing with his sister. He loves anything to do with cars. I think other children sense his weakness because of not being able to see properly, and they start fights with him. Despite this, he defends others. He doesn’t want anyone to be oppressed.”

Since Benerdate told Emmanuel’s story to CBM, he has had successful operations in both eyes.

In 2021:

2,037 nurses were trained in eye health specialisms in 2021 with CBM support.



↑ Ateba has his eyes checked at the MICEI Hospital at Oback, Yaounde, Cameroon.

Inclusive Eye Health Programme Manager **Julia Achatzi** shares her impressions of her recent trip to Kinshasa in DRC



↑ Julia with Programme Officer Marie-Jose and DRC National IEH Advisor Kilanzalanza.

“I recently went to Kinshasa on a monitoring visit to a children’s eye care project which we run in partnership with the University of Rostock through funding of the Else-Kröner-Fresenius Foundation (EKFS).

The implementing partners are St. Joseph’s Hospital in Kinshasa and RAC, which is an organisation who works through volunteers and community workers to identify children who need cataract surgery.

It was my first visit to Kinshasa and my most immediate impression as I stepped off the plane was of the extraordinary humidity, which coming from Germany, felt extreme. Then I was aware of the noise and vibrancy of my surroundings – the hustle and bustle of people and vehicles. The sheer volume of traffic in Kinshasa is incredible and you can get stuck in giant traffic jams anytime, anywhere.

The CBM country office had arranged everything for my visit very well. I was picked up at the airport and taken to a hotel, which was surprisingly quiet. It was a real pleasure to meet my colleagues from our country office in person. I have sat in so many online meetings with them but laughing together in one room makes the work much more pleasant.

I have sat in so many online meetings with them but laughing together in one room makes the work much more pleasant.

I spent most of my visit talking to partners and visiting and observing the activities to see how the project was running. We discussed the challenges and jointly identified ways to improve. Being able to see the faces of the staff at our partner organisations during their work, the young mothers and children in the ward of the eye hospital and even to be shown the infrastructure and to understand a little of the patients’ pathway during their examination and surgery at St. Joseph’s Hospital made a big difference. Before I arrived in Kinshasa the project was just an idea in my head and now there were faces and stories behind the theory. I understand some of the challenges much better now that they have been discussed with all the stakeholders.

I understand some of the challenges much better now that they have been discussed with all the stakeholders.

Generally, DRC is very under-resourced when it comes to all health provision and with budgets stretched, eye care comes low down on the list of priorities. There is not enough eye care staff at all levels and yet the demand is great. When I saw the long line of patients waiting in the heat and the teenage mothers sleeping with their little children in a packed ward, the need became very visible to me. There are many children with cataract and other

eye problems in Kinshasa – and there are not many hospitals that serve communities who cannot afford the cost of eye care. The particular aim of this visit was to have discussions on the quality of processes and services with our eye health advisor and to strengthen collaboration.

Our partner RAC goes into the communities and identifies children who need cataract surgery. Volunteers then accompany the children and their mothers to the hospital. Bilateral cataracts are often genetic, so some families can have several children who are affected and children with bilateral cataracts frequently have other disabilities. Most of the parents, who are often young mothers, have never been to a medical facility before and are scared of taking their children to the hospital. They do not have the resources to cover the costs of the treatment. The fact that the volunteers accompany them throughout the examination and stay at the hospital is very helpful for them. The project covers the costs for the treatment, and it often provides the only chance for their children to have the surgery they need.

Most of the parents, who are often young mothers, have never been to a medical facility before and are scared of taking their children to the hospital.

I didn't realise it was a national holiday on the second day I was there, so I took the morning off to visit a sanctuary of Bonobo monkeys just outside the city. I was visiting at the end of the wet season, so the vegetation was lush, and the rivers were not placid like the ones at home but wide and wild. I was struck by the men who worked all day, every day, gathering wet sand in huge buckets from the ground of the river and carrying the enormous loads on their shoulders to use in building work. We take for granted the fact that such tasks are done by machine, but in DRC this back breaking work is done without – which is shocking, when you see it.

300 children will have received surgery for bilateral cataracts by the end of this year.

During my visit, we came upon a little girl who had bilateral cataracts and other disabilities. She is now due to be taken to the hospital for surgery and her other needs are going to be addressed by our partner RAC and funded through another organisation. It is difficult to describe what I feel when I see such interventions. I feel compassion, of course, but part of me always stays apart because I live so far away, and I am not doing the direct work. It is perhaps a coping mechanism. There is so much to do, and what we are able to do feels like a drop in the ocean. However, because of this project, and with the support from EKFS and the University of Rostock, 300 children will have received surgery for bilateral cataracts by the end of this year. That is 300 children who can see who did not before. They can play, they can go to school, they can participate.

When I return to Kinshasa, I hope to see even stronger collaboration between our partners, and I would also love to see the identification, treatment and follow-up of children being integrated into the regular activities of our partners – not just as a short-term measure as part of the project. Change is hard to effect, but we need to work out how we can still make systems more effective and sustainable.”





Advocacy



CBM is part of two advocacy groups working for more equitable and available eye care

The United Friends of Vision was established in 2018 to advance the issue of eye health in the 2030 Agenda for Sustainable Development, to raise its profile on the international agenda and to share knowledge with and among member states. It is engaged with implementing last years' General Assembly Resolution-Vision for Everyone, sustaining global momentum for eye health as an accelerator for progress on the SDGs, setting new targets and ensuring regular reporting on eye health.

The focus of the IAPB Core Advocacy Group is to increase political will and elevate eye health as a cross-cutting development issue, ensuring its inclusion in global policy developments and institutions, strengthening global accountability for eye health, holding governments to account and supporting members to advocate for Inclusive, Person Centred Eye Care (IPEC) implementation and the inclusion of eye health in regional and national policies.



↑ The launch of the WHO toolkit - Eye Care in Health Systems Guide for Action in Geneva.



↑ IETH Director and Vice Chair of the IAPB, Babar Qureshi addressing the 2030 In Sight Conference in Dubai.

Raising Awareness

World Sight Day, an awareness raising event organised by the International Association for the Prevention of Blindness, an umbrella organisation for hundreds of eye health members, of which CBM is one, had a truly global impact.

The message Love Your Eyes was adopted all over the world, with CBM sharing news of eye screenings by their partners and posts on social media. The Inclusive Eye Health Initiative pledged 170,000 eye screenings in the month leading up to the day itself, a number which has grown to 270,000 in this year's pledge.



First USAID funded child blindness project in Côte d'Ivoire



Good eye care for children is critical – a lifetime of visual impairment can have associated emotional, social and economic costs. Many of the causes of blindness and low vision in children are either preventable or treatable. Eye services that are integrated into primary health care with effective referral systems can make a real difference to a child's future.

There are currently no population prevalence studies on childhood blindness in Côte d'Ivoire, but eye services in the country are sparse, particularly for children. The most recent CBM programme, supported by USAID's Child Blindness Programme was launched last year and has now moved on to the screening phase. It builds on two previous CBM supported projects in Côte d'Ivoire, and is designed to create stronger links between the different levels of care.

Many children in Côte d'Ivoire with visual impairments live in remote areas and access to services is challenging. Working with the University Hospital in Bouaké and the Regional Hospital in Korhogo, the focus of this programme is to establish a referral network, starting at the community level through primary and secondary services, to a new, tertiary level, and aims to screen 224,000 children in

the two regions and to provide glasses or treat those with serious conditions.

Training began last year with sessions for field coordinators and community and primary health workers. Further specialist training is due to take place. In addition, workshops on data collection and awareness raising have been organised and a training manual for community and primary health workers is also now available. The object is to ensure that staff at the community level are able to diagnose ocular pathologies in children and to recognise when they need specialist care, and that there are sufficient ophthalmologists and other eye care professionals in the country to provide high quality, inclusive services.

The programme includes up to 90 community health workers, 70 primary health workers, midwives, general physicians, paediatricians, and the eye health teams at the two hospitals. It also involves a range of stakeholders – parents of children with vision impairments, women's organisations, disabled persons' organisations at the community level and the eye health program at the national level.

There is great potential to replicate this project right across the country, so that every child in Côte d'Ivoire is able to access the care they need and deserve.



↑ Participants of the Primary Health Workers Training in Bouaké, Côte d'Ivoire.

In 2021:

400,000 eye operations were performed with CBM support



Alleviating suffering

5-month-old Meshack who was born with congenital bilateral cataracts, is one of the first patients to benefit from equipment donated by CBM through a scheme with Zeiss Meditec – a leading optical technology enterprise – who have provided CBM with a wide range of equipment at a reduced rate.

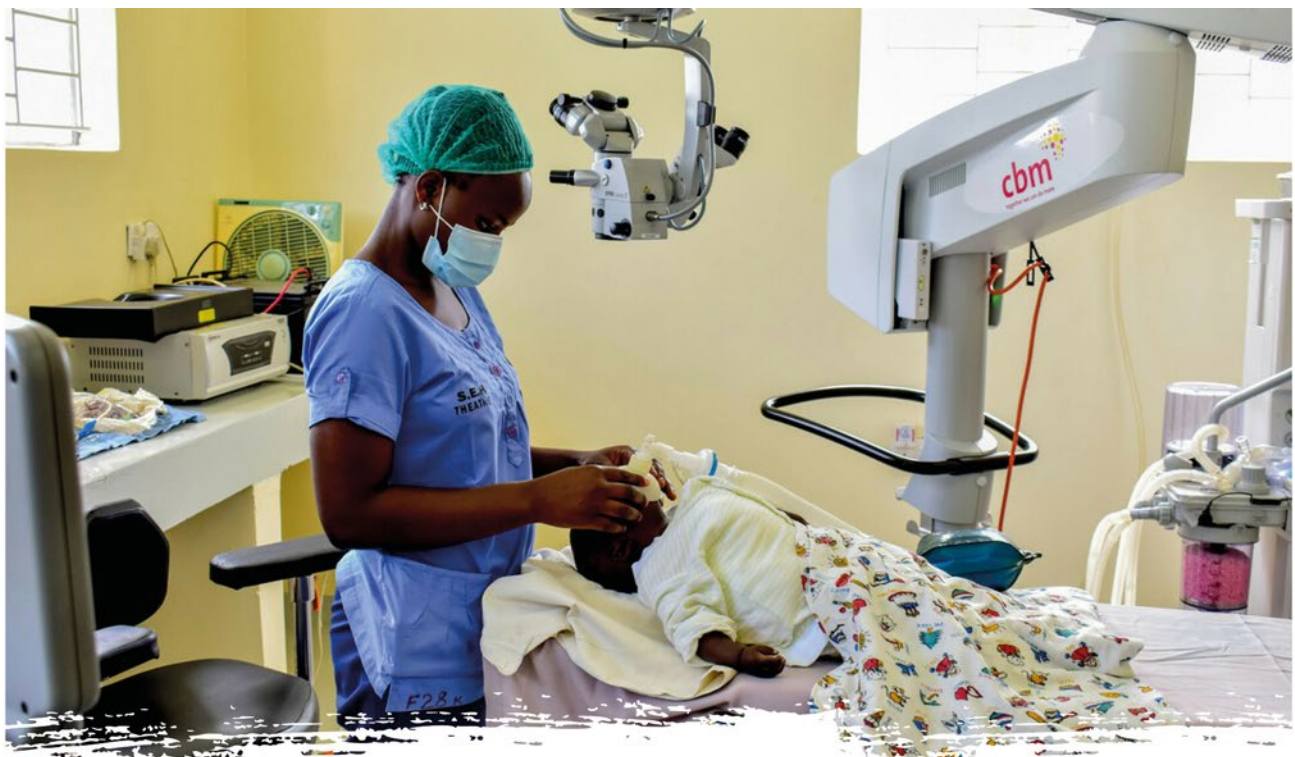
Meshack is seen here at CBM partner Sabatia Eye Hospital in Kenya where, following successful surgery in both eyes, he is having a check-up using a Zeiss Lumera microscope.

The partnership between CBM and Zeiss has had many positive outcomes. Two phaco (phacoemulsification surgery which breaks down the cataract before removing it) training centres in Paraguay and India have been set up which are paving the way for more patients to benefit from the most effective way of dealing with the condition. Zeiss have also been a long-time sponsor of 'The Week of Sight', an annual campaign organised by CBM and other NGOs in Germany to raise awareness of the importance of inclusive, equitable eye care.

Most recently, CBM has ordered eye equipment, including phaco machines, microscopes, visual field machines and slit lamps from Zeiss at a favourable rate. This equipment is being sent to and installed at 33 of CBM's partner facilities in 15 countries, benefitting thousands of patients now, and in the future.

At Makkah Specialist Eye Hospital in Bauchi, Nigeria, the receipt of two laser machines has already made a huge difference. The Managing Director Dr Mohieldin Abdalla Elbadawi says:

“The type of services these machines offer is of immeasurable importance for eye patients in Bauchi... we remain most grateful for the gesture which will go a long way in alleviating some of our suffering.”





Scholarship Programme

In many African Countries there are very few ophthalmologists, which means that communities often have little access to effective eye care for more serious eye conditions. CBM is currently running a scholarship programme that pays for medical students to specialise in ophthalmology.

Following qualification, the newly graduated doctors work in their own countries for a period of time in eye hospitals and eye centres in regions with few, or no, ophthalmologists. If possible, the training is also conducted in the doctors' own, or in neighbouring countries, so that they are able to learn in the context of their future practice.

To date, the programme has supported students at the University of Nairobi in Kenya, the Mbarara University of Science and Technology in Uganda, Addis Ababa University in Ethiopia, The University of Malawi, The University of Zambia, the Kilimanjaro Christian Medical University College and the Muhimbili University of Health and Allied Sciences, which are both in Tanzania.

In 2021:

328,000 pairs of spectacles were provided with CBM support

As part of CBM's aim to strengthen health systems, the Ministries of Health in the different countries have been instrumental in the award process as part of the steering committees, guiding the selection of the most suitable students and supporting the alumni of the programme when they start working.

The programme is set to run until next year, with a target of sponsoring 20 doctors by 2023. It is then going to be redesigned for the coming years so that it also supports the training of other eye health cadres. The aim is to increase access for those living in African countries to equitable, inclusive eye care, by offering high quality training and increasing the number of specialists.

The aim is to increase access for those living in African countries to equitable, inclusive eye care, by offering high quality training and increasing the number of specialists.



↑ Dr Charles P Hinju graduating with an MMed in Ophthalmology from Muhimbili University of Health and Allied Sciences in Tanzania on 4th December 2021.



↑ Simon, a social worker at CBM partner Menzo Eye Hospital in Uganda, reading with Jonathan who has diabetes and associated eye problems, but who is now able to see after surgery.

↓ Esther with her grandchildren after surgery at CBM partner, Acha Eye Hospital, Cameroon.



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